Summary Sheet (Form RF-3)

Change in Company's premium or rate level produced	by rate revision effective	1-1-2007
(1) NOV 1 3 2006 Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
DIVISION OF VSUPANCE		
Private Passenger		
Commercial		
2. Automobile Physical Damage		<u> </u>
Private Passenger		
Commercial		<u> </u>
3. Liability Other Than Auto		
4. Burglary and Theft DIVISION OF INSURANCE		
4. Burglary and Theft 5. Glass 6. Sidelite DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FILED		
6. Fidelity		
7. Surety JAN 0 1 2007		
8. Boiler and Machinery		
9. Fire SPRINGFIELD, ILLINOIS		
10. Extended Coverage	J	
11. Inland Marine		
12. Homeowners		· · · · · · · · · · · · · · · · · · ·
13. Commercial Package Policy		, \$100 m ii
14. Crop Hail		
15. Other Workers Compensation	45,263,253	0.2%
Line of Insurance		
Does filing only apply to certain territory (territories) or	certain classes? If so, spe	ecify:
No No		
Brief description of filing. (If filing follows rates of an ac We adopted the NCCI 2007 Advisory Rates effective J	· · · · · · · · · · · · · · · ·	

ACUITY, A Mutual Insurance Company Name of Company

Diane Udovich Regulatory Filing Technician Official - Title

^{*} Adjusted to reflect all prior rate changes.

** Change is Company's premium level which will result from application of new rates.

hange in Company's premium or rate leve	el produced by rate revision effecti	ve January 1, 2007
(1)	(2)	(3)
(**/	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability		
Private Passenger		
Commercial	_	
2. Automobile Physical Damage		
Private Passenger	·	
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire	<u> </u>	
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	_	
14. Crop Hail	_	
15. Other Workers' Compensation	\$62,944	2.0
No. Brief description of filing. (If filing follows	rates of an advisory organization	specify organization)
Rate filing based on NCCI's approved	adulaami laaa aaata	, specify organizationy.
* Adjusted to reflect all prior rate change	ges.	
** Change in Company's premium level		
result from application of new rates.		
• •		
		AIU Insurance Company
		Name of Company
		Joseph Russo – Filings Analyst
H29219D		Official - Title
		DIVISION OF
		DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
		JAN 0 1 2007
		i e e e e e e e e e e e e e e e e e e e
		SPRINGFIELD, ILLINOIS

SUMMARY SHEET

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

APR 0 1 2007

SPRINGFIELD, ILLINOIS

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
•	Commercial		
3.	Liability Other Than Auto		
1 .	Burglary and Theft		
5.	Glass		
ó.	Fidelity		
7. 3.	Surety Reiler and Machinery		
s.) .	Boiler and Machinery Fire		
7.).	Extended Coverage		
). 1.	Inland Marine		
2.	Homeowners		
2. 3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Workers Comp	\$1,044,340	+ 2%
	Line of Insurance		

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI's advisory rates, loss costs, and rating values, circular IL-2006-11.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates



All America Ins Co
Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

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NOV 3 0 2006

Illinois

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produ	uced by rate revision effectiveJanuary	y 1, 2007
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	, 5.5	
Private Passenger		. <u></u>
Commercial		
- *	<u> </u>	
Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$99,348	2.0%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territorie	es) or certain classes? If so, specify	
Brief description of filing (if filing follows rates of a		
Filing to Adopt NCCI's Approved Loss Co	ost Change, Circular IL-2006-11	
 Adjusted to reflect all prior rate changes. Change in Company's premium level which v 	will result from application of new rates.	
	<u>Americ</u>	can Automobile Insurance Co
		Name of Company
		Official Title
		Official — Title
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDPPR	\neg
	STATE OF ILL NOIS/IDPPR	1

JAN 01 2007

SPRINGFIELD. ILLINOIS

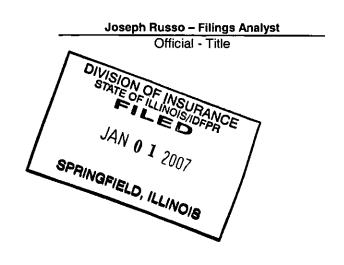
hange in Company's premium or rate leve	I produced by rate revision effective	January 1, 2007
(1)	(2)	(3)
` ,	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		· · · · · · · · · · · · · · · · · · ·
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$79,497,135	2.0%
Line of Insurance		
Does filing only apply to certain territory (territories) or certain classes? If so, speci	fy:
No.		
	rates of an advisory organization, specify	organization):
Rate filing based on NCCI's approved	advisory loss costs.	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

American Home Assurance Company

Name of Company

H29219D



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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate re-	vision effectiveJanuar	y 1, 2007
(1)	(2)	_ (3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or –)**
1. Automobile Liability	, ,	
Private Passenger		·
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		<u> </u>
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		<u></u>
15. Workers Compensation	\$7,138,566	2.0%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain cla	asses? If so, specify	
• • • • • • • • • • • • • • • • • • • •		
NO		
Brief description of filing (if filing follows rates of an advisory org	anization, specify organiz	ation)
Filing to Adopt NCCI's Approved Loss Cost Change,	Circular II -2006-11	
Filling to Adopt NCC1's Applicated Loss Cost Change,	<u> </u>	
 * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from ap 	nlication of new rates	
Change in Company's premium level which will result from ap	plication of new rates.	
	The A	merican Insurance Company
		Name of Company
		Official — Title
Г	DIVISION	
	DIVISION OF INSUISATE OF ILLINOISA	TANCL
}	FILED	5

JAN 01 2007

SPRINGFIELD, ILLINOIS

Illinois

(4)	(3)
(1) (2) Annual Premi	(3) um Percent
Coverage Volume (Illino	<u>Change (+ or -)**</u>
. Automobile Liability	
Private Passenger	
Commercial	
2. Automobile Physical Damage	
Private Passenger	
Commercial	
Liability Other Than Auto	
Burglary and Theft	
Glass	
Fidelity	
Boiler and Machinery	
. Fire	
0. Extended Coverage	
1. Inland Marine	
2. Homeowners	
3. Commercial Multi-Peril	<u> </u>
4. Crop Hail	AT 000 400
5. Other Workers' Compensation Line of Insurance	\$7,039,130
1 _	n classes? If so, specify:
No.	
No. Brief description of filing. (If filing follows rates of an advisory	
Brief description of filing. (If filing follows rates of an advison	y organization, specify organization):
Brief description of filing. (If filing follows rates of an advison	y organization, specify organization):
Brief description of filing. (If filing follows rates of an advison	y organization, specify organization):
Brief description of filing. (If filing follows rates of an advisory late filing based on NCCI's approved advisory loss costs Adjusted to reflect all prior rate changes.	y organization, specify organization):
Brief description of filing. (If filing follows rates of an advison attended in the state of an advisor attended in the state of an advisor attended in the state of a state of the state of a state of the state of	y organization, specify organization):
Adjusted to reflect all prior rate changes. Change in Company's premium level which will	y organization, specify organization):
rief description of filing. (If filing follows rates of an advisor) rate filing based on NCCI's approved advisory loss costs Adjusted to reflect all prior rate changes. Change in Company's premium level which will	y organization, specify organization): s. American International South
rief description of filing. (If filing follows rates of an advisor ate filing based on NCCI's approved advisory loss costs Adjusted to reflect all prior rate changes. Change in Company's premium level which will	y organization, specify organization): s.
rief description of filing. (If filing follows rates of an advisor) rate filing based on NCCI's approved advisory loss costs Adjusted to reflect all prior rate changes. Change in Company's premium level which will	y organization, specify organization): s. American International South Insurance Company
rief description of filing. (If filing follows rates of an advisor) rate filing based on NCCI's approved advisory loss costs Adjusted to reflect all prior rate changes. Change in Company's premium level which will	American International South Insurance Company Name of Company
rief description of filing. (If filing follows rates of an advisor rate filing based on NCCI's approved advisory loss costs: Adjusted to reflect all prior rate changes. Change in Company's premium level which will	American International South Insurance Company Name of Company Joseph Russo – Filings Analyst
Brief description of filing. (If filing follows rates of an advisor rate filing based on NCCI's approved advisory loss costs: Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.	American International South Insurance Company Name of Company
Brief description of filing. (If filing follows rates of an advisor) Rate filing based on NCCI's approved advisory loss costs: Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates.	American International South Insurance Company Name of Company Joseph Russo – Filings Analyst Official - Title
Brief description of filing. (If filing follows rates of an advisor) Rate filing based on NCCI's approved advisory loss costs: Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates.	American International South Insurance Company Name of Company Joseph Russo – Filings Analyst Official - Title
Brief description of filing. (If filing follows rates of an advisor) Rate filing based on NCCI's approved advisory loss costs Adjusted to reflect all prior rate changes. * Change in Company's premium level which will	American International South Insurance Company Name of Company Joseph Russo – Filings Analyst Official - Title
Brief description of filing. (If filing follows rates of an advisor) Rate filing based on NCCI's approved advisory loss costs: Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates.	American International South Insurance Company Name of Company Joseph Russo – Filings Analyst Official - Title DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.	American International South Insurance Company Name of Company Joseph Russo – Filings Analyst Official - Title DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.	American International South Insurance Company Name of Company Joseph Russo – Filings Analyst Official - Title
Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.	American International South Insurance Company Name of Company Joseph Russo – Filings Analyst Official - Title DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

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IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Greg Harchar, State Filings Representative II
Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's pren	nium or rate level produced by rate re	evision effective <u>01/01/2</u>	007 .
(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
Automobile Liability Private Passenger Commercial		Voidine (maiois)	Change (+ or -)
2. Automobile Physical D	lomana		
Private Passenger _		1	
Commercial	DIVISION OF INSURANCE		-
3. Liability Other than Au	ETALL DE ILLINOSONOS		
4. Burglary and Theft		·	
5. Glass	0 1 2007		
6. Fidelity	JAN 0 1 2007		
7. Surety			
8. Boiler and Machinery	SPRINGFIELD, ILLINOIS		
9. Fire	SPHINGFIELD, ILLINOIS	_}	
10. Extended Coverage			
11. Inland Marine		,,	
12. Homeowners			VII. 1004.
13. Commercial Multi-Peri	1		
14. Crop Hail	•		
15. Workers Compensatio	n	\$778,746	1.0%
16. Other	111	\$770,740	1.0%
Line of Insura	unce.		
Elife of filodia			
Does filing only apply to cer	rtain territory (territories) or certain cla	asses? If so, specify <u>N</u>	I/A
Brief description of filing (if	filing follows rates of an advisory orga	anization, specify organiza	tion) AmGUARD adopts the Advisory
rates as released by the Ivatio	nal Council on Compensation Insurance,	inc., Effective January 1, 200	7 per IL-2006-11 without deviation for
policies effective on and after J	lanuary 1, 2007		
* Adjusted to reflect all ** Change in Company	I prior rate changes. 's premium level which will result from app	olication of new rates.	
		,	Amcija DD Inguesta a Com-
			Amguard Insurance Company
			Name of Company

ILLINOIS SUMMARY SHEET

FORM RF-3

change in Company's premium or rate level produ		(3)
(1)	(2) Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
4.4	Apintie (unios)	Olidings (s. 7
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage	<u> </u>	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$360,760	2.0%
16. Other		
Line of Insurance		
Ooes filing only apply to certain territory (territorie	es) or certain classes? If so, specify	
rief description of filing (if filing follows rates of a	an advisory organization, specify organiz	ation)
iling to Adopt NCCI's Approved Loss Co	ost Change, Circular IL-2006-11	
		·
Adjusted to reflect all prior rate changes.		
** Change in Company's premium level which v	will result from application of new rates.	
	Assoc	iated Indemnity Corp
	ASSUC	Name of Company
		Name of Company
	-	Official Till-
		Official — Title
	DIVISION OF INSU STATE OF ILLINOIS/	RANCE
	STATE OF ILLINOIS/	DFPR

JAN **0 1** 2007

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

hange	in Company's premium or rate level produced by rate revis	sion effective	January 1, 2007
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Automobile Liability Private Passenger Commercial Strate Of the Linds of the Passenger Automobile Physical Damage		
	Private Passenger		
	Commercial IAN 1 2007		
	Liability Other Than Auto		
	Burglary and Theft		
. 1	Glass CHARCHERO, HAROIG		
	Surety		
	Boiler and Machinery Fire		
	Extended Coverage		-
	nland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		•
	Workers Compensation	638,232	-5.1%
	Other		
	Line of Insurance		
ef de	scription of filing (if filing follows rates of an advisory organic revised loss costs per NCCI approval circular II	ization, specify organization)	006). The filing also reduces
co	mpany loss cost multiplier from 1.600 to 1.546.		
	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from		urance Company
		Name of Com	
	RECEIVED NOV 2 1 2006	Buy Haffran	2nd Vice President

Change in Company's premium revision effective January		y rate
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail		
15. Other Workers' Compensation Line of Insurance	185,421	+0.16%
Does filing only apply to certain to If so, specify: No Brief description of filing. (If corganization, specify organization) While maintaining our current loss	filing follows rates of an): Adoption of NCCI's 01	n advisory /01/07 Loss Costs
* Adjusted to reflect all prior ra ** Change in Company's premium leve result from application of new n	el which will	
	Kathryn A. Shilling - Fili Official - Titl	

hange in Company's premium or rate leve	produced by rate revision effective	January 1, 2007
(1)	(2)	(3)
(.,	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
		
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
		
		
13. Commercial Multi-Peril		
14. Crop Hail	\$20,20 <u>2</u>	2.0%
15. Other Workers' Compensation Line of Insurance	\$39,392	2.076
Brief description of filing. (If filing follows Rate filing based on NCCI's approved a		pecify organization):
* Adjusted to reflect all prior rate chang	100	
** Change in Company's premium level		
result from application of new rates.		
	В	Birmingham Fire Insurance Company
		of Pennsylvania
		Name of Company
		Joseph Russo – Filings Analyst
		Official - Title
H29219D		
	_	
	1	DIVISION
	/	STATE OF INSU
	/	ILLINOIS/IDENCE
	/	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR JAN 0 1 0
	/	JAN 0 1 2007
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	i ob	'HINO I
		""VGFIELD /
		PRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rat

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NOV 2 0 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

revision effective 1-1-07	·	
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume_(Illinois) *	Change (+ or -)**
 Automobile Liability Private Passenger Commercial 		
 Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$11,219,410	-0.7%
Line of Insurance		
Does filing only apply to certain If so, specify: Applies to all t		certain classes?
		
Brief description of filing. (If	filing follows rates of ar	ı advisorv
organization, specify organization		

* Adjusted to reflect all prior rate changes.

loss costs along with updating our company specific multiplier.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2007

Bituminous Casualty CorpSPRINGFIELD, ILLINOIS

Name of Company

Dan Trotter - Director - Rate Development & Filings Official - Title

H29219D

SUMMARY SHEET

Change in Company's premium or rate level produced by rat

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NOV 2 0 2006

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

revision effective 1-1-07		•
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	· · · · · · · · · · · · · · · · · · ·	
LO. Extended Coverage		
11. Inland Marine		
12. Homeowners		
3. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$4,054,635	-0.7
Line of Insurance		
Does filing only apply to certain If so, specify: Applies to all to		r certain classes?
Brief description of filing. (If organization organization)	filing follows rates of and its filing to adopt NCCI	an advisory
loss costs along with updating our	r company specific multip	
		FILED
		IANA
* Adjusted to reflect all prior	rate changes.	JAN 0 1 2007
** Change in Company's premium lev		
result from application of new		SPRINGFIELD, ILLINOIS
	_	TILLINOIS
Bit	cuminous Fire and Marine	Insurance Company

Dan Trotter - Director - Rate Development & Filings
Official - Title

Name of Company

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

Form (RF-3)

Form ((RF-3)		SUMMARY	SADLI JOIS
(Change in	Company's premium or rate	e level produced by rate revision eff	ective January 01, 2007
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		bile Liability		
		Passenger		
	Comm			
2.		bile Physical Damage		
		Passenger		
	Comm			_
3.		y Other Than Auto		
4.		y and Theft		
5.	Glass		<u> </u>	
6.	Fidelity			
7.	Surety			
8.		nd Machinery		
9.	Fire	1.0		
10.		ed Coverage		
11.	Inland N			
12.	Homeo			·
13. 14.		ercial Multi-Peril	 	
15.	Crop Ha	Workers Compensation	3,005,011	2.0%
13.	Outei	Line of Insurance	3,003,011	2.070
No_			erritories) or certain classes? If so, s	·
			IL-2006-006, IL 2006-009, IL 2006	
* 4.	dinatad ta	raflact all prior rate change	•	
** Cl	nange in C	reflect all prior rate change: Company's premium level w	s. hich will	
re	sult from a	application of new rates.		
			~ ~***********************************	7
				Capitol Indemnity Corporation
		,	,	Name of Company
			IAN A I 2mil	1
			JAN 0 1 200/	1
		j		ois Beld, Senior Rate
			SPRINGFIELD, ILLINOIS	Analysis
		· ·		Official - Title

SUMMARY SHEET

SPRINGFIELD, ILLINOIS

April 1, 2007

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage		
۷.	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp	\$8,368,696	+ 2%
	Line of Insurance		
		to the second terms of the	·:c
	iling only apply to certain territory (to	erritories) or certain classes? If so, spec	ciry:
na			

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI's advisory rates, loss costs, and rating values, circular IL-2006-11.

Central Mutual Ins Co
Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revision	on effective	January 1, 2007
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Strat Burglary and Theft Glass Fidelity JAN 3 1 2007 Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other Line of Insurance filing only apply to certain territory (territories) or certain classe	4,173,262 4s? If so, specify No.	1.7%
Ado the	description of filing (if filing follows rates of an advisory organized revised loss costs per NCCI approval circular IL company loss cost multiplier from 1.760 to 1.701. To 1.00%. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from a	- 2006 -11 (dated November 7, 2) The filing maintains the current apparent appropriate of new rates.	pproved company deviation Insurance Company
	NOV 2 1 2006 IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD	Official - Ti	2nd Vice President itle

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective

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DIVISION OF INSURANCE
01/01/25PRINGFIELD

(1) (2) (3) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damage 2. Private Passenger Commercial Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation 1,011,833 1.5% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Applies to all territories and classes. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the 1/1/07 loss costs published by NCCI (NCCI Circular # IL - 06 - 11) *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Chubb Indemnity Insurance Company Name of Company & Suls Actuarial Officer

> DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR FILED

> > JAN 0 1 2007

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

	Change in Company's premium o	r rate level produced by rate revision effective	01-01-07
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or 1)*
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		 -
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	<u></u>	_
8.	Boiler and Machinery		
9.	Fire		
10. 11.	Extended Coverage Inland Marine		
12.	Homeowners		
. — .	* *		
13.	Commercial Multi Peril		
14.	Crop Hail	\$4,170,751.00	-2.91%
15. 16.	Workers Compensation Other	φ4,110,131.00	
es fili	ng only apply to certain territory (ter	ritories) or certain classes? If so, Specify	

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Church Mutual Insurance Company
Name of Company

Director--Casualty Lines
Official - Title



Change in Company's premium or rate lev	el produced by rate revision effecti	ve January 1, 2007
(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial	<u> </u>	
Automobile Physical Damage		
Private Passenger		
Commercial	· · · · · · · · · · · · · · · · · · ·	
Liability Other Than Auto		
4. Burglary and Theft	.	
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery Fire	-	
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$163,002,864	2.0%
Line of Insurance	<u> </u>	
No. Brief description of filing. (If filing follows		, specify organization):
Rate filing based on NCCI's approved	advisory loss costs.	
		
* Adjusted to reflect all prior rate chan	·	
** Change in Company's premium leve	I which will	
result from application of new rates.		Commence & Indicator
		Commerce & Industry
		Insurance Company Name of Company
		Name of Company
	_	Joseph Russo – Filings Analyst
H20210D		Official - Title
H29219D		
		DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
		O'ALE OF ILLINOIS/IDEB
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SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective $\frac{3}{1}$ 2007

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail	· ·	
15. Other Workers Compensation	189,150	0.7%
Line of Insurance		·
Does filing only apply to cert If so, specify: No Brief description of filing.	(If filing follows rates o	f an advisory
organization, specify organiza	tion): Adopt NCCI's 1/1/2	007 advisory loss costs
	D	VISION OF INSURANCE
* Adjusted to reflect all pri ** Change in Company's premium result from application of	or rate changes. level which will new rates.	STATE OF ILLINOIS/IDEPR
	Companion Commercial I	
	Name of Con	
	While Jan - Official -	Actuarial Assistant

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SUMMARY SHEET

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SPRINGFIELD

Change in Company's premium revision effective 3/1/200		d by rate
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail	Volume (IIIInois)*	Change (+ or -)**
<pre>14. Crop Hail 15. Other Workers Compensation</pre>	836,567	1.8%
Does filing only apply to certain to the so, specify: No Brief description of filing. (If to organization)	filing follows rates of	an advisory
* Adjusted to reflect all prior ra ** Change in Company's premium leve result from application of new r	el which will	MAR 0 1 2007
aking	Name of Comp	Actuarial Assistant

ILLINOIS SUMMARY SHEET

FORM RF-3

(1) Coverage	(2) (3) Annual Premium Percent Volume (Illinois)* Change (+ or -)**
Automobile Liability Private Passenger	Volume (minors) Onlarge (* 6)
Commercial	
2. Automobile Physical Damage	
Private Passenger	
Commercial	
3. Liability Other than Auto	
4. Burglary and Theft	
5. Glass	
6. Fidelity	
7. Surety	RECEIVED
8. Boiler and Machinery	
9. Fire	NOV 2 1 2000
10. Extended Coverage	
11. Inland Marine	inen:
12. Homeowners	DIVISION OF INSURANCE
13. Commercial Multi-Peril	SPRINGFIELD
14. Crop Hail	
15. Workers Compensation	\$2,500,000
16. Other	
Line of Insurance	
Does filing only apply to certain territory (territories	s) or certain classes? If so, specify No
	n advisory organization, specify organization) Adopting NCCI
Brief description of filing (if filing follows rates of an	an advisory organization, specify organization) Adopting NCCI Adopting NCCI January 1, 200
Brief description of filing (if filing follows rates of an Voluntary rates and rating values effective Ja	
Brief description of filing (if filing follows rates of ar	anuary 1, 2007 without deviation. Adopting NCCI January 1, 200 as rates and d-ratios, and NCCI retropsective rating plan values.
Brief description of filing (if filing follows rates of an follows rates and rating values effective Ja Experience Rating Plan values, expected los Adjusted to reflect all prior rate changes.	anuary 1, 2007 without deviation. Adopting NCCI January 1, 200 as rates and d-ratios, and NCCI retropsective rating plan values.
Brief description of filing (if filing follows rates of an /oluntary rates and rating values effective Jaexperience Rating Plan values, expected lose. * Adjusted to reflect all prior rate changes.	anuary 1, 2007 without deviation. Adopting NCCI January 1, 200 as rates and d-ratios, and NCCI retropsective rating plan values. will result from application of new rates. Continental National Indemnity Compan

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium	Percent
, and the second	Volume (Illinois)*	Change (+ or -)*
Automobile Liability		
Private Passenger		<u> </u>
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	THE TA .	
9. Fire		
Extended Coverage		
1. Inland Marine		
2. Homeowners	•	
Commercial Multi-Peril		
4. Crop Hail	- 141,412	
5. Workers Compensation	141,412	-0+3,3
6. Other		
Line of Insurance		
es filing only apply to certain territory (territories) or certain classes? If so, specify $___{ m N}$	lo
	· · · · · · · · · · · · · · · · · · ·	
ef description of filing (if filing follows rates of an	advisory organization, specify organization	ation)
* · · · · · · · · · · · · · · · · · · ·	es and Rating Values effe	

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

Dakota Truck Underwriters

Holly Dubord — Title

State Filings Coordinator

Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

Chang	ge in Company's premium or rate level produced by rate re	evision effective	January 1, 2007
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		-
3.	Liability Other Than Auto		
4.	Burglary and Theft	<u> </u>	
5.		, ¹	
6.	Glass Similar	•	
7.	Surety	- 4	
8.		я	
9.	Boiler and Machinery Fire JAN: C 1 2007	- +	
10.	Extended Coverage	- #	
11.			
12.	Homeowners Charles The D. H.L.F.C	, i i 3	
	Commercial Multi-Peril		
13.			
	Crop Hail		
14.	Crop Hail Workers Compensation	0	4.0%
14. 15.	Crop Hail Workers Compensation Other	0	4.0%
14. 15.	Workers Compensation	0	4.0%
4. 5. 6. looes	Workers Compensation Other Line of Insurance filing only apply to certain territory (territories) or certain cl description of filing (if filing follows rates of an advisory orgot revised loss costs per NCCI approval circular	asses? If so, specify No. nanization, specify organization) r IL - 2006 -11 (dated November 7, 20	006). The filing also reduces
14. 15. 16. Does Brief of	Workers Compensation Other Line of Insurance filing only apply to certain territory (territories) or certain cl	asses? If so, specify No. nanization, specify organization) r IL - 2006 -11 (dated November 7, 20	006). The filing also reduces
Brief o	Workers Compensation Other Line of Insurance filing only apply to certain territory (territories) or certain cl description of filing (if filing follows rates of an advisory org ot revised loss costs per NCCI approval circular company loss cost multiplier from 0.960 to 0.92	asses? If so, specify No. nanization, specify organization) r IL - 2006 -11 (dated November 7, 20 7. The filing maintains the current approximate the current approximate approximate the current a	006). The filing also reduces proved company deviation
14. 15. 16. Does Brief of Adop the coof -4	Workers Compensation Other Line of Insurance filing only apply to certain territory (territories) or certain cl description of filing (if filing follows rates of an advisory orgot revised loss costs per NCCI approval circular company loss cost multiplier from 0.960 to 0.92 0.0%. Adjusted to reflect all prior rate changes	asses? If so, specify No. panization, specify organization) r IL - 2006 -11 (dated November 7, 20 7. The filing maintains the current approximate of new rates. Farmington C	006). The filing also reduces proved company deviation

WC-IL-7

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	4-0	(2)
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commerc	ial	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
ි. Fidelity		
7. Surety		
8. Boiler and Machinery		
3. Fire		
Extended Coverage		
1. Inland Marine		
12. Homeowners		
Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	1,357,544	6.9%
Line of Insurance		
• • • • • • • • • • • • • • • • • • • •	ry (territories) or certain classes? If so, specify	At this time, we would like to change
our loss cost multiplier to 1.323 for class code 8	116.	
Brief description of filing. (If filing follo	ws rates of an advisory organization, specify o	rganization): At this time we would
ke to revise our loss cost multiplier to 1.654 for	all classes except class code 8116 and our loss cost mutlip	plier for this class to 1.323.
Adjusted to reflect all prior rate chan		_
*Change in Company's premium lev	el which will result from application of new rate	S.
	Farmland Mutual insurance	Company
		Name of Company
		Official Title
		Official – Title

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ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate lev	vel produced by rate revision effective	01/01/2007
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
		==
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	38,998,912	2.4%
Line of Insurance		
Does filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	
Applies to all territories and classes.	•	
	.	
Brief description of filing. (If filing follows ra	ates of an advisory organization, specify organi	ization):
Adoption of the 1/1/07 loss costs published by NCCI	(NCCI Circular # IL - 06 - 11)	
· · · · · · · · · · · · · · · · · · ·		
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level wh	nich will result from application of new rates.	
	Federal Insurance Company	
	Nam	ne of Company
	Actuarial Officer	what tak
		ffisia - The



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produ	uced by rate revision effectiveJanuar	y 1, 2007
(1)	(2)	(3)
Coverage	Annual Premium	Percent
Covolago	Volume (Illinois)*	Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety	<u></u>	
8. Boiler and Machinery		· · · · · · · · · · · · · · · · · · ·
9. Fire		 _
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		0.00/
15. Workers Compensation	\$301,434	2.0%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territorie	es) or certain classes? If so, specify	
Brief description of filing (if filing follows rates of		
Filing to Adopt NCCI's Approved Loss Co		
Thing to Adopt Neer 5 Appresses assess		
 Adjusted to reflect all prior rate changes. 		
** Change in Company's premium level which	will result from application of new rates.	
	Firem	an's Fund Insurance Compa
	Trem	Name of Company
		Name of Company
		Official — Title

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JAN 0 1 2007

SPRINGFIELD. ILLINOIS

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DIVISION OF INSURANCE
SPRINGFIELD

•	Change in Company's premium or rate	products by said 10 /10/01/01/01/01	+2.5%
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	· · · · · · · · · · · · · · · · · · ·	
2	Commercial		
2.	Automobile Physical Damage Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	· · · · · · · · · · · · · · · · · · ·	
7.	Surety		
8.	Boiler and Machinery		· · · · · · · · · · · · · · · · · · ·
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	2,311,075	+2.5%
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
DOOD I	• • • • • • • • • • • • • • • • • • • •	•	
No.			

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	Florists' Mutual Insurance Company Name of Company
JAN 0 1 2007	
SPRINGFIELD, ILLINOIS	Danielle Milby, Compliance Analyst II
SPAINS	Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: Yes, the newly requested 1.05 deviation applies to classes indicated below: Workers' Compensation Rates filed by the National Council on Compensation Insurance effection 1. 2007. We wish to relatin our deviation of 1.05 to the class codes indicated below: 0042 5057 5221 5473 5538 6017 6235 7601 0050 5059 5222 5474 5539 6018 6236 7605 1322 5099 5222 5478 5536 6056 6204 6251 7612 3719 5146 5402 5405 6610 6206 6252 7613 3724 5160 5403 5491 5645 6213 6260 7855 3726 5183 5437 5506 5651 6214 6306 8227 5020 5188 5443 5507 5703 6216 6319 9534 5022 5199 5445 5508 5705 6217 6325 9554 5037 5213 5462 6003 6229 6400 540 5215 5472 5537 6005 6234 76325 9554 5037 5213 5462 6003 6229 6400 540 5215 5472 5537 6005 6233 7538 We also wish to relatin our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% f. Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. **General Casualty Company of Illinois.**	Change in Company's premium or rate le	evel produced by rate revision effective	01/01/07
Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Chier Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the 2007 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effectity 1.2007. We wish to retain our deviation of 1.05 to the class codes indicated below: Does 559 5223 5478 5539 6016 6236 7601 0042 5057 5221 5473 5538 6017 6235 7601 0042 5057 5221 5473 5538 6017 6235 7601 0045 5059 5222 5474 5539 6018 6236 7605 3724 5160 5403 5491 5645 6213 6260 7855 5726 5183 5437 5506 5651 6214 6306 8227 5020 5188 5435 5507 5703 6216 6319 9534 5022 5190 5445 5508 5705 6217 6325 9554 5037 5213 5472 5537 6005 6237 7538 We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% f. Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois.	(1)		
Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Cither Than Auto 4. Liability Cither Than Auto 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: Does filing only apply to certain territory (territories) or certain classes? If so, specify crganization): Adopt the 2007 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effecting 1.2007. We wish to retain our deviation of 1.05 to the class codes indicated below: Does 5059 5222 5474 5539 6016 6236 76015 1322 5069 5223 5478 5551 6045 6237 7611 3365 5102 5348 5479 5606 6204 6251 7612 3779 5146 5402 5480 5610 6208 6252 7613 3724 5160 5403 5491 5645 6213 6260 7855 3726 5183 5437 5506 5651 6214 6306 8227 5020 5188 5443 5507 5703 6216 6319 9534 5022 5190 5445 5508 5705 6217 6325 9554 5037 5213 5462 6003 6229 6400 5040 5215 5472 5537 6005 6233 7538 We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .48% for Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois.	Coverage		<u>Change (+ or -)**</u>
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: Brief description of filling, (If filing follows rates of an advisory organization, specify organization): Adopt the 2007 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effectif 1, 2007. We wish to retain our deviation of 1.05 to the class codes indicated below: 0042 5057 5221 5473 5538 6017 6235 7601 0050 5059 5222 5474 5539 6018 6236 7605 1322 5069 5223 5478 5551 6045 6237 7611 33724 5160 5403 5491 5645 6213 6260 7855 3726 5183 5437 5505 5651 6214 6306 8227 5020 5186 5443 5507 5703 6216 6319 9534 5022 5190 5445 5508 5705 6217 6325 9554 5037 5213 5462 6003 6229 6400 5040 5215 5472 5537 6005 6233 7538 We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% for Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois.			
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Other Workers' Compensation 15. Other Workers' Compensation 16. Crop Hall 17. Other Workers' Compensation 18. Does filling only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: Brief description of filing, (If filing follows rates of an advisory organization, specify organization): Adopt the 2007 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effection 1, 2007. We wish to retain our deviation of 1.05 to the class codes indicated below: 18. Does filling only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: 18. Does filling only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: 18. Does filling only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation and classes indicated below: 18. Does filling only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 to the class codes indicated below: 18. Does filling only apply or certain classes? If so, specify: Yes, the newly requested 1.05 to classes indicated below: 18. Does filling only apply or certain classes? If so, specify: Yes, the newly requested 1.05 to classes indicated below: 18. Does filling only apply or certain classes? If so, specify: Yes, the newly requested 1.05 to classes indicated below: 19. Does filling only apply or certain classes? If so, specify: Yes, the newly requested 1.05 to classes indicated below: 19. Does filling only apply or certain classes? If s	2. Automobile Physical Damage		
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the 2007 Advisory Workers' Compensation Rates filied by the National Council on Compensation Insurance effectit 1, 2007. We wish to retain our deviation of 1.05 to the class codes indicated below: 0042 5057 5221 5473 5538 6017 6235 7601 0050 5059 5222 5474 5539 6018 6236 7601 2050 5059 5222 5474 5539 6018 6236 7601 2050 5059 5225 5475 5506 6651 6214 6306 8227 2070 5188 5443 5507 5703 6216 6319 9534 2070 5188 5443 5507 5703 6216 6319 9534 2070 5188 5443 5507 5703 6216 6319 9534 2070 5188 5443 5507 5703 6216 6319 9534 2070 5188 5443 5507 5703 6216 6319 9534 2070 5188 5447 5508 5705 6217 6325 9554 2070 5188 5447 5508 5705 6217 6325 9554 2070 5188 5447 5508 5705 6217 6325 9554 2070 5188 5447 5508 5705 6217 6325 9554 2070 5188 5447 5508 5705 6217 6325 9554 2070 5188 5447 5508 5705 6217 6325 9554 2070 5188 5449 5508 5705 6217 6325 9554 2070 5188 5449 5508 5705 6217 6325 9554 2070 5188 5449 5508 5705 6217 6325 9554 2070 5188 5449 5508 5705 6217 6325 9554 2070 5188 5449 5508 5705 6217 6325 9554 2070 5188 5449 5508 5705 6217 6325 9554 2070 5188 5449 5508 5705 6217 6325 9554 2070 5188 5449 5508 5705 6217 6325 9554 2070 5188 5449 5508 5705 6217 6325 9554 2070 5188 5449 5508 5705 6217 6325 9554 2070 5188 5449 5508 5705 6217 6325 9554 2070 5188 5449 5508 5705 6217 6325 9554 2070 5188 5449 5508 5705 6217 6325 9554 2070 5188 5449 5608 6204 6206 6252 7613 2070 5188 5449 5608 6204 6206 6252 7613 2070 5188 5449 5608 6204 6206 6252 7613 2070 5188 5449 5608 6204 6206 6252 7613 2070 5188 5449 5608 6204 6206 6252 7613 2070 51			
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7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the 2007 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effection 1, 2007. We wish to retain our deviation of 1.05 to the class codes indicated below: 0042 5057 5221 5473 5538 6017 6235 7601 0050 5059 5222 5474 5539 6018 6236 7605 1322 5069 5223 5478 5551 6045 6237 7611 1365 5102 5348 5479 5606 6204 6251 7612 3719 5146 5402 5480 5610 6206 6252 7613 3724 5160 5403 5491 5645 6213 6260 7855 3726 5183 5437 5508 5705 6217 6325 9554 5037 5213 5462 6003 6229 6400 5040 5215 5472 5537 6005 6233 7538 We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% for Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois Name of Company			
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the 2007 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effects 1. 2007. We wish to retain our deviation of 1.05 to the class codes indicated below: 0042 5057 5221 5473 5538 6017 6235 7601 0050 5059 5222 5474 5539 6018 6236 7605 1322 5069 5223 5478 5551 6045 6237 7611 3365 5102 5348 5479 5606 6204 6251 7612 3719 5146 5402 5480 5610 6206 6252 7613 3724 5160 5403 5491 5645 6213 6260 7855 3726 5183 5437 5506 5651 6214 6306 8227 5020 5188 5443 5507 5703 6216 6319 9534 5022 5190 5445 5508 5705 6217 6325 9554 5037 5213 5462 6003 6229 6400 5040 5215 5472 5537 6005 6233 7538 We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% for Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois.	•		
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation 16. Line of Insurance 17. Other Workers' Compensation 18. Line of Insurance 18. Line of Insurance 19. Does filing only apply to certain territory (territories) or certain classes? If so, specify: 19. Yes, the newly requested 1.05 deviation applies to classes indicated below: 19. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the 2007 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effectives 1.2007. We wish to retain our deviation of 1.05 to the class codes indicated below: 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	<i>,</i>		
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: Brief description of filing, (If filing follows rates of an advisory organization, specify organization): Adopt the 2007 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effecting 2007 Advisory Workers' Compensation of 1.05 to the class codes indicated below: 0042 5057 5221 5473 5538 6017 6235 7601 0050 5059 5222 5474 5539 6018 6236 7605 1322 5069 5222 5474 5539 6018 6236 7605 1322 5069 5223 5478 5551 6045 6237 7611 3365 5102 5348 5479 5606 6204 6251 7612 3719 5146 5402 5480 5610 6206 6252 7613 3724 5160 5403 5491 5645 6213 6260 7855 3726 5183 5437 5508 5705 6217 6325 9554 5025 5190 5445 5508 5705 6217 6325 9554 5025 5190 5445 5508 5705 6217 6325 9554 5037 5213 5462 6003 6229 6400 5040 5215 5472 5537 6005 6233 7538 We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% fi Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois Name of Company			
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the 2007 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effecth 1, 2007. We wish to retain our deviation of 1.05 to the class codes indicated below: 0042 5057 5221 5473 5538 6017 6235 7601 0050 5059 5222 5474 5539 6018 6236 7601 0050 5059 5222 5474 5539 6018 6236 7601 0050 5059 5222 5478 5551 6045 6237 7611 3365 5102 5348 5479 5606 6204 6251 7612 3719 5146 5402 5480 5610 6206 6252 7613 3724 5160 5403 5491 5645 6213 6260 7855 3726 5183 5437 5506 5651 6214 6306 8227 5020 5188 5443 5507 5703 6216 6319 9534 5022 5190 5445 5508 5705 6217 6325 9554 5037 5213 5462 6003 6229 6400 5040 5215 5472 5537 6005 6233 7538 We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% for Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois. **General Casualty Company of Illinois. **Remark Company of Illinois.** **Change in Company of Illinois.** **General Casualty Company of Illinois.** **Change in Company of Illinois.**			
13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the 2007 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effection 1, 2007. We wish to retain our deviation of 1.05 to the class codes indicated below: 0042 5057 5221 5473 5538 6017 6235 7601 0050 5059 5222 5474 5539 6018 6236 7605 1322 5069 5223 5478 5551 6045 6237 7611 3365 5102 5348 5479 5606 6204 6251 7612 3719 5146 5402 5480 5610 6206 6252 7613 3724 5160 5403 5491 5645 6213 6260 7855 3726 5183 5437 5506 5651 6214 6306 8227 5020 5188 5443 5507 5703 6216 6319 9534 5022 5190 5445 5508 5705 6217 6325 9554 5037 5213 5462 6003 6229 6400 5040 5215 5472 5537 6005 6233 7538 We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% for Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois.			
14. Crop Hail 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the 2007 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effective 1, 2007. We wish to retain our deviation of 1.05 to the class codes indicated below: 0042 5057 5221 5473 5538 6017 6235 7601 0050 5059 5222 5474 5539 6018 6236 7605 1322 5069 5223 5478 5551 6045 6237 7611 3365 5102 5348 5479 5606 6204 6251 7612 3719 5146 5402 5480 5610 6206 6252 7613 3724 5160 5403 5491 5645 6213 6260 7855 3726 5183 5437 5506 5651 6214 6306 8227 5020 5188 5443 5507 5703 6216 6319 9534 5022 5190 5445 5508 5705 6217 6325 9554 5037 5213 5462 6003 6229 6400 5040 5215 5472 5537 6005 6233 7538 We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% for Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois.			
15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the .2007 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effective 1,2007. We wish to retain our deviation of 1.05 to the class codes indicated below: 0042 5057 5221 5473 5538 6017 6235 7601 0050 5059 5222 5474 5539 6018 6236 7605 1322 5069 5223 5478 5551 6045 6237 7611 3365 5102 5348 5479 5606 6204 6251 7612 3379 5146 5402 5480 5610 6206 6252 7613 3724 5160 5403 5491 5645 6213 6260 7855 3726 5183 5437 5506 5651 6214 6306 8227 5020 5188 5443 5507 5703 6216 6319 9534 5022 5190 5445 5508 5705 6217 6325 9554 5037 5213 5462 6003 6229 6400 5040 5215 5472 5537 6005 6233 7538 We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% fr. Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois.			
Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, the newly requested 1.05 deviation applies to classes indicated below: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the 2007 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effection 1, 2007. We wish to retain our deviation of 1.05 to the class codes indicated below: 0042 5057 5221 5473 5538 6017 6235 7601 0050 5059 5222 5474 5539 6018 6236 7605 1322 5069 5223 5478 5551 6045 6237 7611 3365 5102 5348 5479 5606 6204 6251 7612 3719 5146 5402 5480 5610 6206 6252 7613 3724 5160 5403 5491 5645 6213 6260 7855 3726 5183 5437 5506 5651 6214 6306 8227 5020 5188 5443 5507 5703 6216 6319 9534 5022 5190 5445 5508 5705 6217 6325 9554 5037 5213 5462 6003 6229 6400 5040 5215 5472 5537 6005 6233 7538 We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% fi Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois. General Casualty Company of Illinois.		20,291,379	.64%
Yes, the newly requested 1.05 deviation applies to classes indicated below: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the 2007 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effective 1, 2007. We wish to retain our deviation of 1.05 to the class codes indicated below: 0042 5057 5221 5473 5538 6017 6235 7601 0050 5059 5222 5474 5539 6018 6236 7605 1322 5069 5223 5478 5551 6045 6237 7611 3365 5102 5348 5479 5506 6204 6251 7612 3719 5146 5402 5480 5610 6206 6252 7613 3724 5160 5403 5491 5645 6213 6260 7855 3726 5183 5437 5506 5651 6214 6306 8227 5020 5188 5443 5507 5703 6216 6319 9534 5022 5190 5445 5508 5705 6217 6325 9554 5037 5213 5462 6003 6229 6400 5040 5215 5472 5537 6005 6233 7538 We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% for Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois. *Adjusted Company of Illinois.	Line of Insurance		
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We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% for Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois Name of Company	5037 5213 5462 6003 6229 6400		
We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% for Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois Name of Company	5040 5215 5472 5537 6005 6233 7538		
to the rate, and then the overall 1.05 would be applied to that rate. This will result in an increase of .46% for Casualty Company of Illinois. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois Name of Company	We also wish to retain our same overall	1.05 deviation. In summary, for the above	class codes, the 1.05 would be applied
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois Name of Company	to the rate, and then the overall 1.05 w	ould be applied to that rate. This will res	ult in an increase of .46% for General
**Change in Company's premium level which will result from application of new rates. General Casualty Company of Illinois Name of Company	Casualty Company of Illinois.		
<u>Dawn Underdahl - Rate Development Techn</u> Official – Title	*Adjusted to reflect all prior rate changes **Change in Company's premium level w	which will result from application of new rate General C	asualty Company of Illinois Name of Company I - Rate Development Technician

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	1/1/07
(1)	(2) Annual Premium	(3) Percent Change (+ <u>or -)**</u>
<u>Coverage</u>	Volume (Illinois)*	Change (+ Or -)
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	· · · · · · · · · · · · · · · · · · ·	
14. Crop Hail		
15. Other Workers' Compensation	15,825,275	.66%
Line of Insurance		
	(Assuitavias) as soutain alegans? If as appoint	No
Does filing only apply to certain territory	(territories) or certain classes? If so, specify:	NO
	s rates of an advisory organization, specify	organization): Adoption of the NCCI
1/1/07 rates.		
*Adjusted to reflect all prior rate changes		
*Adjusted to reflect all prior rate changes	hich will result from application of new rates	
""Change in Company's premium level w	which will result from application of new rates	•
	Canaral Casi	ualty Company of Wisconsin
		Name of Company
		· ····································
	Dawn Underdah	l - Rate Development Specialist
		Official - Title



revision effective	January 1, 2007	
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -) *
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability other than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire & Allied Lines	-	
Extended Coverage		•
Inland Marine	-	
Homeowners		
Commercial Multi-Peril*	•	
Crop Hall		
Workers Compensation	4,467,840	4.1%
Other		
Does filing only apply to certain ter	-:	
classes? If so, specify:	No.	
	110.	
Brief description of filing. (If filing	t follows rates of an advisory	
organization, specify organization):		1 11 0005 00

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

Grange Mutual Insurance Company

Name of Company

Official - Title

Zach Drennen

Commercial Pricing Analyst

(1) (2) (3) Annual Premium Percent Coverage Volume (Illinois)* Change (+ or -)** 1. Automobile Liability Private Passenger Commercial	
Annual Premium Coverage Volume (Illinois)* Percent Change (+ or -)** 1. Automobile Liability Private Passenger	
Annual Premium Coverage Volume (Illinois)* Percent Change (+ or -)** 1. Automobile Liability Private Passenger	
Coverage Volume (Illinois)* 1. Automobile Liability Private Passenger	
1. Automobile Liability Private Passenger	
Private Passenger	
Commercial	
2. Automobile Physical Damage	
Private Passenger	
Commercial	
3. Liability Other Than Auto	
4. Burglary and Theft	
5. Glass	
6. Fidelity	
· · · · · · · · · · · · · · · · · · ·	
8. Boiler and Machinery	
9. Fire	
10. Extended Coverage	
11. Inland Marine	
12. Homeowners	
13. Commercial Multi-Peril	
14. Crop Hail	
15. Other Workers' Compensation \$99,256	2.0%
Line of Insurance	
Describing only combate and in territory (territories) or contain standard. If no procify,	
Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.	
NO.	· · ·
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	
Rate filing based on NCCI's approved advisory loss costs.	
* Adjusted to reflect all prior rate changes.	
** Change in Company's premium level which will	
result from application of new rates.	
Opposite Otate transport of Opposite	
Granite State Insurance Comp	any
RIAMA At I's made and	
Name of Company	
Name of Company	
	it
Joseph Russo – Filings Analys Official - Title	șt
Joseph Russo - Filings Analys Official - Title	3 t
Joseph Russo – Filings Analys Official - Title H29219D	st
Joseph Russo – Filings Analys Official - Title H29219D	st .
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Joseph Russo - Filings Analys Official - Title	st

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

NOV 2 7 2006

RECEIVED

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD
01/01/2007

Change in Company's premium or rate level produced by rate revision effective

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>		
1.	Automobile Liability Private				
	Passenger Commercial				
2.	Automobile Physical Damage	<u> </u>			
	Private Passenger Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire				
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail				
15.	Other Workers' Compensation	1,119,642	1.8%		
	Line of Insurance				
Does filing only apply to certain territory (territories) or certain classes? If so, specify: Applies to all territories and classes.					
Brie	ef description of filing. (If filing follows ra	ates of an advisory organization, specify organi	zation):		
	otion of the 1/1/07 loss costs published by NCCI				
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.					
		Great Northern Insurance Comp	pany ne of Company		
		Actuarial Officer	full tyle of tul		

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET FORM RF-3

Cha	nge in Company's premium or rate level produced by rate	revision effective	2007		
	(1)	(2) Annual Premium	(3) Percent		
	Coverage	Volume (Illinois)*	Change (+ or -)**		
1.	Automobile Liability				
	Private Passenger				
	Commercial				
2.	Automobile Physical Damage				
	Private Passenger				
	Commercial				
3.	Liability Other than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire				
10.	Extended Coverage		·-·		
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail		.0.70/		
15.	Workers Compensation	6,532,096	+0.7%		
16.	Other Line of Insurance				
	Line of insurance				
Doe	s filing only apply to certain territory (territories) or certain	classes? If so, specify No			
	f description of filing (if filing follows rates of an advisory o	• • • •			
	ently approved deviation of 1.050 to be used effective Jan				
app	roved in NCCI Cicular IL-2006-11. Also, election to adopt	the NCCI four-hazard groups refe	erenced in Item		
B-14	103 approved effective January 1, 2007.				
*	Adjusted to reflect all prior rate changes.				
**	change in Company's premium level which will result from	n application of new rates.			
		Great West Casualty Com			
		Name of Compa	ny		
	DIVISION	Janice L. Hohenstein,	CPCU		
	STATE OF INC.	Actuarial Analys			
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR JAN 0 1 200	Official - Title			
	/ IN THE BUTTON				
	/ JAN 0 1 22 /				
	Spp. 2007				
	J-HINGFIEL /				
	TLD, ILLING				
	SPRINGFIELD, ILLINOIS				

Chan	ge in Company's premium or rate le	evel produced by rate revision effective	January 1, 2007
		_	
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
4	Automobile Liebilibe		
١.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damage		
۷.	Private Passenger		
	Commercial		
3.			
4.	Burglary and Theft	-	
5.	Glass		
6.	Fidelity		
7.	_		
8.	Boiler and Machinery		
	Fire		
_	Extended Coverage		
	Inland Marine		<u> </u>
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers' Compensation	\$45,550,852	2.0%
	Line of Insurance		
Do	es filing only apply to certain territor	y (territories) or certain classes? If so, spe	ecify:
No			
		ws rates of an advisory organization, spec	ify organization):
Ra	te filing based on NCCI's approve	ed advisory loss costs.	
*	Adjusted to reflect all prior rate cha		
**	Change in Company's premium lev		
	result from application of new rates	S.	

Illinois National Insurance Company

Name of Company

Joseph Russo – Filings Analyst

Official - Title

H29219D

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDEPR

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

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	(1)	(2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1,	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary & Theft		
5 .	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	\$660,418.00	2.2%
16.	Other:		

If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Illinois advisory rates and rating values to be effective 1/1/07.

*Adjusted to reflect all prior rate changes.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

IMT Insurance Company (Mutual) Name of Company

Jason Thompson, BA, MA Filing Analyst, Research & Development Official - Title

^{**}Change in Company's premium level which will result from application of new rates.

	(RF-3) DIVISION C: STATE OF ILLINOIS/III	7 SUMMARY SHE	ET 01/01/07
'	Change in Companying Fuel of rate	level produced by rate revision effective	01/01/07
	(1)	(2)	(3)
	,	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	<u> </u>	
9.	Fire ·		
10.	Extended Coverage		
11.	Inland Marine	<u></u>	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers'	848,174	+20.8%
	Compensation		
	Line of Insurance		
Does f	filing only apply to certain territory (ter	rritories) or certain classes? If so, specify:	
Brief o	description of filing. (If filing follows ing approved loss costs as filed by the	rates of an advisory organization, specify of NCCI amend LCM 2.30.	organization):
* A	djusted to reflect all prior rate changes		

** Change in Company's premium level which will result from application of new rates.

Indiana Lumbermens	Mutual
Insurance Company	
Name of Com	ipany

Tonya J. Burroughs, Compliance Analyst Official - Title

SUMMARY SHEET

Change in Company's premium or rate leve	I produced by rate revision effective	January 1, 2007
/4\	(0)	(3)
(1)	(2) Annual Premium	Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
<u>Coverage</u>	Volume (minois)	Ondrige (1 or 7
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	· · · · · · · · · · · · · · · · · · ·	
4 Burglans and Thoff		
5. Glass	<u></u>	
6. Fidelity	····	
7 Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	\$40,000,700	2.00/
15. Other Workers' Compensation Line of Insurance	\$13,330,782	2.0%
No. Brief description of filing. (If filing follows	rates of an advisory organization, s	specify organization):
Rate filing based on NCCI's approved		
· Authoritan with the Hondan wake absence		
* Adjusted to reflect all prior rate chang		
** Change in Company's premium level	Which will	
result from application of new rates.		The leaveners Commence of the
		The Insurance Company of the
		State of Pennsylvania
		Name of Company
		Joseph Russo – Filings Analyst
		Official - Title
H29219D		
	DI	VISION OF INSURANCE STATE OF ILLINOIS/IDFPR
	1	STATE OF ILLINOIS/IDEAD
	f	FILED
	1	IAM .
	1	JAN 0 1 2007
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	SP	PRINGFIELD, ILLINOIS
	L	ILLINOIS

SUMMARY SHEET

	(1 . <u>Cov</u> e)	Annual	(2) Premium (Illinois)*		Percent 1 2007 Change (1- or -)**
1.	Automobile L Private Passe Commercial	iability		- 1		D, ILLINOIS
2.	Automobile P Private Passe Commercial	hysical Damage enger				
3.	Liability Othe	r Than Auto				
4.	Burglary and	Theft				
5.	Glass					
6.	Fidelity					
7.	Surety					
8.	Boiler and Ma	chinery				
9.	Fire					
10.	Extended Cov	erage				
11.	Inland Marine	•				
12.	Homeowners					
13.	Commercial N	Aulti-Peril		<u> </u>		
14.	Crop Hail					
15.	Co	orkers' ompensation	27,633			33.7%
	Lin	e of Insurance				
oes f No	iling only apply	to certain territory (1	territories) or certain	n classes? If	f so, specify	:

- * Adjusted to reflect all prior rate changes.
 * Change in Company's premium level which will result from application of new rates.

Lone Star National Insurance
Name of Company

Tonya J. Burroughs, Compliance Analyst Official - Title

H29219D

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	1/1/07
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or <u>-)**</u>
	<u></u>	<u>onango (* or j </u>
1. Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage	****	
Private Passenger Commercia	1	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
5. Fidelity		
7. Surety		
3. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	·	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation Line of Insurance	\$1,096	<u>-1.67%</u>
Line of insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	· No
	, (
1/1/07 NCCI Voluntary Advisory Rates to the NCCI maximum minimum premit maximum minimum premium is \$750.	ws rates of an advisory organization, specificative 1/1/07. We are filing a maximum mum of \$1,000. Please see the attached Manu We filed a company specific schedule rating tion Page also includes the amended prem	ninimum premium of \$750 as opposed at Exception Page which indicates the plan with our 1/12/06 initial rate filing
		- · · · · · · · · · · · · · · · · · · ·
'Adjusted to reflect all prior rate change "Change in Company's premium level	es. which will result from application of new rates	3.
	RAERAIA	C Indemnity Company
	•	Name of Constant
	Karen Schu	but 3
		roduct@lanager
		Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2007

SPRINGFIELD, ILLINOIS



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IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD **ILLINOIS**

ILLINOIS SUMMARY SHEET FORM RF-3

Change	in Company's premiu	m or rate level produced by rate	revision effective:	01-01-2007
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial			
 3. 4. 6. 7. 	Automobile Physical Private Passenger Commercial Liability Other than A Burglary and Theff Glass Fidelity Surety	-		
8.	Boiler and Machinery	JAN 0 1 2007		
9. 10. 11. 12.	Fire Extended Coverage Inland Marine Homeowners	SPRINGFIELD, ILLINOIS		
13.	Commercial Multi-Pe	eril		
14. 15. 16.	Crop Hail Workers Compensati Other:	on	14,039,183	1%
Does fil	ing only apply to certa	in territory (territories) or certai	n classes? If so, specify:	
		iling follows rates of any adviso is filing our own company rates		
	ljusted to reflect all pri ange in Company's pre	or rate changes. emium level which will result fro	om application of new rate	es.
			Midwest Insura Name of C	

Larry E. Hochstetler-VP Planning
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate leve	l produced by rate revision effective	January 1, 2007
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 		
Liability Other Than Auto		
I. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	<u> </u>	
15. Other Workers' Compensation Line of Insurance	1,674,594	0.0%
Does filing only apply to certain territory (te		
Costs and revising Company LCM's		
'Adjusted to reflect all prior rate changes. '*Change in Company's premium level whi	ch will result from application of new rates	3.
	Milwar	kee Casualty Ins. Co
		Name of Company
	Jon Zetlau- Bure	au/Forms Compliance Manager
		Official – Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	January 1, 2007
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial 3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7 Cumphy		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
13. Commercial Multi-Peril		
14. Crop Hail		0.00/
15. Other Workers' Compensation Line of Insurance	2,014,739	0.0%
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify: _	
Brief description of filing. (If filing follows ra Costs and revising Company LCM's	ates of an advisory organization, specify	organization): Adopting NCCI Loss
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whicl	n will result from application of new rates.	
	Milword	kee Insurance Co.
		me of Company
		/~/
	Jon Zetlau- Bureau	/Forms Compliance Manager
		Official – Title

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

FORM RF-3

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or)*'
Automobile Liability		voicinio (illiniolo)	onango (o. ,
Private Passenger			
Commercial			
Automobile Physical Damag	je		
Private Passenger			
Commercial			
Liability Other than Auto			
Burglary and Theft			
Glass			
Fidelity			
Surety Boiler and Machinery			
Fire			
Extended Coverage	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR	Œ	
Inland Marine	FILE D		
Homeowners			
Commercial Multi-Peril	JAN 0 1 2007		
Crop Hail	0/11 0 1 70U/		
Workers Compensation		\$244 266	+2.0%
Other	SPRINGFIELD, ILLINOIS		
Line of Insurance			
filing only apply to certain to	erritory (territories) or certain clas	ses? If so, specify	
	. ,	. ,	
		· · · · · · · · · · · · · · · · · · ·	
description of filing (if filing f	follows rates of an advisory organ	ization, specify organiza	ation)
ion of NCCI Workers Compens	ation Loss Cost Reference Filing Nun	nber IL-2006-11, effective (01/01/2007.

National Interstate Insurance Company
Name of Company

Kathy Koenig, Regulatory Compliance Spec.
Official — Title

^{**} Change in Company's premium level which will result from application of new rates.

Illinois

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET
FORM RF-3

(4)	(2)	(3)
(1) Coverage	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability	•	
Private Passenger		
Commercial	<u></u> .	
2. Automobile Physical Damage	 -	
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$2,789,848	2.0%
16. Other		
Line of Insurance		
Cine of madianoc		
	015	
oes filing only apply to certain territory (territori	es) or certain classes? If so, specify	
NO		<u> </u>
rief description of filing (if filing follows rates of	an advisery experiention, enough, exagniz	ation)
		auom
iling to Adopt NCCI's Approved Loss C	ost Change, Circular IL-2006-11	
 Adjusted to reflect all prior rate changes. 		
** Change in Company's premium level which	will result from application of new rates.	
	Nation	al Surety Corporation
		Name of Compan
		•
		Official — Title
		Oniciai — Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 01 2007

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

nange in Company's premium or rate lev	əl produced by rate revision effective	January 1, 2007
(1)	(2)	(3)
(1)	(2) Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
<u>Coverage</u>	<u>volume (minois)</u>	Change (+ of -1
1. Automobile Liability		
Private Passenger		_
Commercial	_	
Automobile Physical Damage	_	
Private Passenger		
Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		<u> </u>
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	-\$2,822,698	2.0%
Line of Insurance		
Brief description of filing. (If filing follows Rate filing based on NCCI's approved * Adjusted to reflect all prior rate chan ** Change in Company's premium leve	advisory loss costs. ges.	oecify organization):
Onlinge in Company's premium leve	I WHICH WIII	
result from application of new rates.		National Union Fire Insurance
		Company of Pittsburgh, PA
		Name of Company
	_	Name of Company
		Name of Company
		Joseph Russo – Filings Analyst
1100010D		
H29219D		Joseph Russo – Filings Analyst Official - Title
H29219D		Joseph Russo – Filings Analyst Official - Title
H29219D	_	Joseph Russo – Filings Analyst Official - Title
H29219D	_	Joseph Russo - Filings Analyst Official - Title DIVISION OF INSURANCE
H29219D		Joseph Russo – Filings Analyst Official - Title DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
H29219D		Joseph Russo – Filings Analyst Official - Title DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
H29219D		Joseph Russo – Filings Analyst Official - Title DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
H29219D		Joseph Russo – Filings Analyst Official - Title DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
H29219D		Joseph Russo – Filings Analyst Official - Title DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
H29219D		Joseph Russo - Filings Analyst Official - Title DIVISION OF INSURANCE STATE OF ILLINOIS/IDEA/OF

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/2007 (2) (3)(1) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass Fidelity 7. Surety **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 7.4% 15. Other Workers Compensation 2,818,607 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: At this time, we would like to change our loss cost multiplier to 1.150 for class code 8116. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): At this time we would like to revise our loss cost multiplier to 1.438 for all classes except class code 8116 and our loss cost multiplier for this class to 1.150. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.

Nationwide Agribusiness Insurance Company		
Name of Company		
Official – Title		

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

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SPRINGFIELD, ILLINOIS

SUMMARY SHEET

nange in Company's premium or rate leve	el produced by rate revision effec	ctive January 1, 2007
(1)	(2)	(3)
(*)	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
<u>5575.435</u>		<u> </u>
. Automobile Liability		
Private Passenger		
Commercial		
. Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
. Burglary and Theft		
. Glass		
. Fidelity		
. Surety		
Boiler and Machinery		
. Fire		
0. Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other Workers' Compensation	\$21,715,443	2.0
Line of Insurance	· · · ·	
Does filing only apply to certain territory Io. Brief description of filing. (If filing follows	s rates of an advisory organizatio	
Rate filing based on NCCI's approved	advisory loss costs.	
Adjusted to reflect all prior rate chan * Change in Company's premium leve result from application of new rates.		
	_	New Hampshire Insurance Company
		Name of Company
		Jacob Burner Ellines Austria
	-	Joseph Russo – Filings Analyst Official - Title
129219D		Official - Title
		
		Duve



FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revision	n effective	January 1, 2007
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3. 4. 5. 6.	Liability Other Than Auto Burglary and Theft State Control of the		
7. 8. 9. 10.	Surety JAN 9 1 2007 Boiler and Machinery Fire		
10. 11. 12. 13. 14. 15.	Extended Coverage (1996) (1996	419,738	-2.3%
16.	Other Line of Insurance		
Does	filing only apply to certain territory (territories) or certain classes	? If so, specify No.	
Ado	description of filing (if filing follows rates of an advisory organizate trevised loss costs per NCCI approval circular IL -company loss cost multiplier from 1.600 to 1.546.		2006). The filing also reduces
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from a	pplication of new rates.	
		NIPPONKOA	A Insurance Company
	RECEIVED NOV 2 1 2006	Name of C	
	IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD	Official -	2nd Vice President Title

Illinois

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium	Percent
1. Automobile Liability	Volume (Illinois)*	Change (+ or –)**
Private Passenger		
Commercial	<u></u>	
Automobile Physical Damage		
Private Passenger		
Commercial	7	
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass	 -	
6. Fidelity	 -	
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$361,831	1.0%
16. Other		
Line of Insurance		
oes filing only apply to certain territory (territories) or	r cortain classes? If so enosify A	1/4
oes ming only apply to certain territory (territories) of	certain classes? It so, specify	I/A
riof description of filing (if filing follows rates of an as	hione, association and it.	tion M. Oliver
rief description of filing (if filing follows rates of an ac	ivisory organization, specify organiza	ition) NorGUARD adopts the Adv
ates as released by the National Council on Compensation	Insurance, Inc., Effective January 1, 200	7 per IL-2006-11 with +5% deviation
olicies effective on and after January 1, 2007.		

NorGUARD Insurance Company
Name of Company

Greg Harchar, State Filings Representative II
Official — Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

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DIVISION OF INSURANCE
01/0 SRBINGFIELD

Change in Company's premium or rate level produced by rate revision effective

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass	·	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		-
9. Fire		-
10. Extended Coverage		-
11. Inland Marine		•
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	3,657,565	2.8%
Line of insurance		
Does filing only apply to certain territory Applies to all territories and classes.	(territories) or certain classes? If so, specify:	
Brief description of filing. (If filing follows Adoption of the 1/1/07 loss costs published by NC	rates of an advisory organization, specify organ CI (NCCI Circular # IL - 06 - 11)	ization):
*Adjusted to reflect all prior rate changes **Change in Company's premium level v	s. which will result from application of new rates. Pacific Indemnity Company	
		ne of Company
	Actuarial Officer	Strike Suh

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate r	revision effective	January 1, 2007
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Automobile Liability Private Passenger Commercial Automobile Physical Damage		
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity STAN OF PARTY OF PA		
7. Surety 8. Boiler and Machinery 9. Fire JAN 0 1 2007 10. Extended Coverage 11. Inland Marine 12. Homeowners Commercial Multi-Peril		
Crop Hail Workers Compensation Other Line of Insurance Does filing only apply to certain territory (territories) or certain	3,795,228 slasses? If so, specify No.	-1.6%
Brief description of filing (if filing follows rates of an advisory orgadopt revised loss costs per NCCI approval circula the company loss cost multiplier from 2.400 to 2.31 of +50.0%.	r IL - 2006 -11 (dated November 7, 2	
* Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result f		surance Company mpany
NOV 2 1 2006 NOV 2 1 2006 DIVISION OF INSURANCE SPRINGFIELD	Official - T	2nd Vice President itle

WC-IL-7

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	1/1/07
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
 Liability Other Than Auto Burglary and Theft 		
4. Burglary and Theft 5. Glass		
6. Fidelity	· · · · · · · · · · · · · · · · · · ·	
7. Surety	· · · · · · · · · · · · · · · · · · ·	
O Dellas and Marchiness		
0 Fire	·	-
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	.	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation Line of Insurance	5,660,675	.78%
Does filing only apply to certain territory (terri	tories) or certain classes? If so, specify:	No
Brief description of filing. (If filing follows rates.	tes of an advisory organization, specify	organization): <u>Adoption of the NCCI</u>
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rates.	
	Regent	Insurance Company
	N N	ame of Company
	Dawn Underdahl	- Rate Development Specialist
		Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

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SPRINGFIELD, ILLINOIS

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IDFPH (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEE

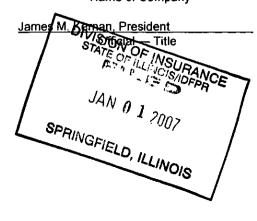
FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or –)**
. Automobile Liability	, , ,	<u> </u>
Private Passenger		
Commercial		·
2. Automobile Physical Damage	" == " "	
Private Passenger		
Commercial	 -	
B. Liability Other than Auto		
I. Burglary and Theft		
5. Glass		
3. Fidelity		
7. Surety	 -	
B. Boiler and Machinery		
9. Fire		
). Extended Coverage		
I. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
1. Crop Hail		
5. Workers Compensation	\$4,300,000	2.0+ ind classess
3. Other		
Line of Insurance		
es filing only apply to certain territory (territor	ies) or certain classes? If so, specify No	
	, , , , , , , , , , , , , , , , , , ,	
ef description of filing (if filing follows rates of	an advisory organization, specify organiza	ation) Adoption of NCC
, decompliant of mining (in mining remarks related or		,
risory Rates, Loss Costs, and Rating Values	Effective January 1, 2007	

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Reinsurance Company of America, Inc.
Name of Company



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	January 1, 2007
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
5. Fidelity		
7. Surety		
B. Boiler and Machinery	· <u> </u>	
9. Fire		
0. Extended Coverage		
1. Inland Marine		
2. Homeowners		
13. Commercial Multi-Peril		
4. Crop Hail	\$400,000 antimated	0.0%
5. Other Workers' Comp. Line of Insurance	\$100,000 estimated	0.0%
Does filing only apply to certain territory (terr Brief description of filing. (If filing follows rate oremium formula, premium discount percent	s of an advisory organization, specify org 2007 with no deviation, renewal of co	ganization): <u>Adoption of NCCI</u>
Adjusted to reflect all prior rate changes. *Change in Company's premium level which	Safety Fi	est Insurance Company Jame of Company
	·	
	Marilyn Tinnell, (CPCU Compliance Manager Official – Title
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	
	JAN 0 1 2007	1

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	January 1, 2007
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity	· · · · · · · · · · · · · · · · · · ·	
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Comp. Line of Insurance	\$1,500,000 estimated	+0.0%
Does filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	This filing applies to all classes.
Brief description of filing. (If filing follows ra		
Voluntary Rate Filing effective January 1, 2		
minimum premium formula, premium disco	unt percentage, and schedule rating plan.	,
+ 8 17 - 1 - 1 t 11 1		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whi	ch will result from application of new rates	·
	Safety Natio	onal Casualty Corporation
		Name of Company
	Marilyn Tinnell,	CPCU Compliance Manager
		Official Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2007

SPRINGFIELD, ILLINOIS

JAN 0 1 2007

SPRINGFIELD, ILLINOISUMMARY SHEET

Form (RF-3)

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į	Change in Company's premium or rate	level produced by rate revision effect	tive 1/1/07
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		<u> </u>
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		<u></u>
14. 15.	Crop Hail Other Workers Compensation	\$9,900,000	+ 1.29%
15.	Other Workers Compensation Line of Insurance	\$9,900,000	T 1.2970
Does 1	filing only apply to certain territory (ter	ritories) or certain classes? If so, spe	ecify:
	description of filing. (If filing follows ption of NCCI Voluntary Advisory Rat	ac affective 1/1/07	ecify organization):
** C	djusted to reflect all prior rate changes hange in Company's premium level wh sult from application of new rates.		
		5	Society Insurance
		_	Name of Company
			Chad Thurn, Staff Underwriting Manager
			Official - Title

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revision	effective	January 1, 2007
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3. 4. 5.	Liability Other Than Auto Burglary and Theft		
6. 7.	Glass Fidelity Surety		
8. 9. 0.	Boiler and Machinery & Fire Extended Coverage		
1. 2.	Inland Marine JAN 0.1 2007 Homeowners	-	
3. 4. 5.	Commercial Multi-Peril Crop Hail Workers Compensation	1,016	1.3%
6.	Other Line of Insurance		-
loes	filing only apply to certain territory (territories) or certain classes'	? If so, specify No.	
ldo he d	description of filing (if filing follows rates of an advisory organization revised loss costs per NCCI approval circular IL - company loss cost multiplier from 1.120 to 1.082. The 0.0%.	2006 -11 (dated November 7,	
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from ap	plication of new rates.	

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DIVISION OF INSURANCE SPRINGFIELD The Standard Fire Insurance Company

Name of Company

Dung Hoffman

2nd Vice President

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate	e evi sion	effective INSURAN	CE 11/01/2	006
(1)	(2)		TATE OF ILLINOIS/IDFPF	' (3)
(- /	Annual P			Perc	
<u>Coverage</u>	<u>Volume (I</u>		NOV n 1 2203	<u>Change (</u>	+ or -)**
Automobile Liability Private		655	THE THE HEALTH AND A STATE OF THE STATE OF T	_	
Passenger Commercial		367	alrofield, ill <u>ino</u>	<u>s</u>	
 Automobile Physical Damage Private Passenger Commercial 					
3. Liability Other Than Auto					
4. Burglary and Theft			·····		
5. Glass					-
6. Fidelity					-
7. Surety					
B. Boiler and Machinery					
9. Fire	· · · · · · · · · · · · · · · · · · · 				
10. Extended Coverage				···	
11. Inland Marine					
12. Homeowners					
13. Commercial Multi-Peril			·····		
14. Crop Hail					
15. Other Workers' Compensation	\$35.76	55,523		+9.8	%***
Line of Insurance					
1/1/2006 loss costs and miscellaneous ra		JCING OUT	ioss cost multiplier ii	0111 1.440 (0	.500.
*Adjusted to reflect all prior rate changes **Change in Company's premium level w *** Exact rate impact based on 2005 writt	hich will result from	applicatio tion.	n of new rates.		
			State Farm Fire an	d Casualty Co	mpany
			Name o	f Company	
			Offici	al – Title	··- ··- ··-
			DIVISION OF LAND	S. areas	1
			I o voa	2003	1 1 1
			SPPINGFIELD,	ILLINOIS	

FORM RF-3

(3) Percent Change (+ or -)**
-3.1%
No. ember 7, 2006). The filing also reduces e current approved company deviation

Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

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COLUMN SERVICES	IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD	

St. Paul Fire and Marine Insurance Company	
Name of Company	

2nd Vice President

Official - Title

FORM RF-3

(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1,070,522	-2.6%
006 -11 (dated November 7, filing maintains the current a	2006). The filing also reduces approved company deviation
	ian Insurance Company ompany
	If so, specify No. n, specify organization) 006 -11 (dated November 7, filling maintains the current ication of new rates. St. Paul Guard

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Official - Title

2nd Vice President

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ILLINOIS SUMMARY SHEET

FORM RF-3

han	ge in Company's premium or rate level produced by rate r	revision effective	January 1, 2007
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Automobile Liability Private Passenger Commercial		
<u>.</u>	Automobile Physical Damage Private Passenger Commercial	210 ¹²	
i.	Burglary and Theft Glass Fidelity	7	
,. ,. }.).	Surety Boiler and Machinery Fire	פוסאו	
). 1. 2.	Extended Coverage Inland Marine Homeowners		
3. 4. 5. 6.	Commercial Multi-Peril Crop Hail Workers Compensation Other	7,210,996	-4.0%
ief (Line of Insurance filing only apply to certain territory (territories) or certain of description of filing (if filing follows rates of an advisory or pt revised loss costs per NCCI approval circula	ganization, specify organization)	s). The filing also reduces
e c	company loss cost multiplier from 1.600 to 1.54	16.	
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result f	from application of new rates.	
		St. Paul Mercury Ins	
	NOV 2 1 2006 IDFPH (NIPC) DIVISION OF INSURANCE SPRINGFIELD	Official - Title	2nd Vice President

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ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revision	on effective	January 1, 2007
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. 2.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger		
3. 4. 5. 6. 7.	Commercial Liability Other Than Auto Control And Burglary and Theft Glass Fidelity Surety JAN 0 1 2007		
8. 9. 10. 11. 12.	Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners		
13. 14. 15. 16.	Commercial Multi-Peril Crop Hail Workers Compensation Other	18,817	-4.2%
Does	Line of Insurance filing only apply to certain territory (territories) or certain classes	es? If so, specify No.	
Ado _l	description of filing (if filing follows rates of an advisory organize the revised loss costs per NCCI approval circular IL company loss cost multiplier from 1.920 to 1.856. 20.0%. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from a	- 2006 -11 (dated November 7, 20 The filing maintains the current ap	
		St. Paul Protective	Insurance Company pany
	NOV 21 2006 IDEPR (MPC) DIVISION OF INSUFANCE SPRINGFIELD	Official - Titl	2nd Vice President le
	SPRINGFIELD	11 7	5

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Illinois

NOV 2 8 2006

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DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium	Percent
	Volume (Illinois)*	Change (+ or -)**
Automobile Liability	, ,	
Private Passenger	0	0
Commercial	0	0
. Automobile Physical Damage		
Private Passenger	0	<u>0</u>
Commercial	0	0
Liability Other than Auto	0	<u>o</u>
Burglary and Theft	0	0
Glass	-0	0
Fidelity Surety Boiler and Machinery DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPER Fire	<u> </u>	0
Surety NOISION OF NOISIOFPR	<u>d</u>	0
Boiler and Machinery DISTATE OF ILLINOIS		0
	0	0
Extended Coverage Inland Marine FEB 0 1 2007	0	0
Inland Marine FEB 0 1 200.	0	0
	0	0
Commercial Multi-Peril \ ILLINOIS	0	0
Commercial Multi-Peril Crop Hail Workers Componention SpringFIELD, ILLINOIS	0	0
Workers Compensation	\$12.2 Mil Earned	0% - per NCCI
	in 2005	circular IL-2006-06
Other	0	0
Line of Insurance		
s filing only apply to certain territory (territories) or certain clas	sses? If so, specify No	
		otion) Tooks along services and a
f description of filing (if filing follows rates of an advisory organites approved per NCCI circular for members as of 2/1/07	nization, specify organiz	auon) rechnology proposes adop
f description of filing (if filing follows rates of an advisory organites approved per NCCI circular for members as of 2/1/07 * Adjusted to reflect all prior rate changes. Historical rate changes Change in Company's premium level which will result from apple	s for the past year have be	
tes approved per NCCI circular for members as of 2/1/07 * Adjusted to reflect all prior rate changes. Historical rate changes	s for the past year have becation of new rates.	en negligible (As such, actual is showr
tes approved per NCCI circular for members as of 2/1/07 * Adjusted to reflect all prior rate changes. Historical rate changes	s for the past year have becation of new rates.	en negligible (As such, actual is shown

FORM RF-3

Coverage Volume (Illinois)* Change 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire STALL COUNTY 1. Inland Marine 1. Inland Marine 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail	January 1, 2007	effective	ge in Company's premium or rate level produced by rate revision
Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Strand Coverage 1. Inland Marine 2. Homeowners JAN 0 1 2007 3. Commercial Multi-Peril 4. Crop Hall 5. Workers Compensation Tine of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify we filling filling follows rates of an advisory organization, specify organization) dopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filling also recompany loss cost multiplier from 2.080 to 2.011. The filling maintains the current approved company devices in Company's premium level which will result from application of new rates. Travelers Casualty and Surety Company Travelers Casualty and Surety Company	(3) Percent Change (+ or -)**	Annual Premium	• •
Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boller and Machinery Fire Size Size Size Size Size Size Size Size			Private Passenger
Burglary and Theft Glass Fidelity Boiler and Machinery Boiler and Machin			Automobile Physical Damage Private Passenger
Fidelity Surety Boiler and Machinery Fire Siturity Discrete Siturity Fire Siturity Discrete Siturity D			
Boiler and Machinery Fire Standard Coverage Inland Marine Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify Roce of the company loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also recompany loss cost multiplier from 2.080 to 2.011. The filing maintains the current approved company dev f+30.0%. * Adjusted to reflect all prior rate changes * Changes in Company's premium level which will result from application of new rates. Travelers Casualty and Surety Compans.			Fidelity
D. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Unite of Insurance Des filling only apply to certain territory (territories) or certain classes? If so, specify No. Dief description of filling (if filling follows rates of an advisory organization, specify organization) dopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filling also recompany loss cost multiplier from 2.080 to 2.011. The filling maintains the current approved company devitation of the company of the compa	· · · · · · · · · · · · · · · · · · ·		Boiler and Machinery
2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation Line of Insurance Des filling only apply to certain territory (territories) or certain classes? If so, specify Description of filling (if filling follows rates of an advisory organization, specify organization) dopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filling also recompany loss cost multiplier from 2.080 to 2.011. The filling maintains the current approved company devitation of the company's premium level which will result from application of new rates. Travelers Casualty and Surety Company	· · · · · · · · · · · · · · · · · · ·		Extended Coverage
5. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify Mo. Dief description of filing (if filing follows rates of an advisory organization, specify organization) dopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also recompany loss cost multiplier from 2.080 to 2.011. The filing maintains the current approved company dever +30.0%. * Adjusted to reflect all prior rate changes * Changes in Company's premium level which will result from application of new rates. Travelers Casualty and Surety Company			Homeowners JAN 0.1 2007
Line of Insurance ses filing only apply to certain territory (territories) or certain classes? If so, specify set description of filing (if filing follows rates of an advisory organization, specify organization) dopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also recompany loss cost multiplier from 2.080 to 2.011. The filing maintains the current approved company dev +30.0%. * Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. Travelers Casualty and Surety Company	-2.3%	5,569,535	Workers Compensation
lef description of filing (if filing follows rates of an advisory organization, specify organization) dopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also recompany loss cost multiplier from 2.080 to 2.011. The filing maintains the current approved company dev +30.0%. * Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. Travelers Casualty and Surety Company			
dopt revised loss costs per NCCI approval circular IL - 2006 -11 (dated November 7, 2006). The filing also recompany loss cost multiplier from 2.080 to 2.011. The filing maintains the current approved company dev +30.0%. * Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. Travelers Casualty and Surety Company	No.	? If so, specify .	filing only apply to certain territory (territories) or certain classes
* Changes in Company's premium level which will result from application of new rates. Travelers Casualty and Surety Company		2006 -11 (dated November	pt revised loss costs per NCCI approval circular IL - company loss cost multiplier from 2.080 to 2.011. T
Travelers Casualty and Surety Compan			· · · · · · · · · · · · · · · · · · ·
		plication of new rates.	Changes in Company's premium level which will result from a
\cdot			
A PER CONTRACTOR OF THE PROPERTY OF THE PROPER		, turns	

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Official - Title

2nd Vice President

FORM RF-3

Chan	ge in Company's premium o	or rate level produced by rate revision e	ffective	Ja	nuary 1, 2007
	(1) Coverage		(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger	_			
2.	Commercial Automobile Physical Dam Private Passenger	age		<u></u>	
3. 4. 5.	Commercial Liability Other Than Auto Burglary and Theft				
6. 7.	Glass Fidelity Surety		· · · · · · · · · · · · · · · · · · ·		
8. 9. 10.	Boiler and Machinery Fire Extended Coverage	ិទ្ធាជាស្រុមប្រជាជាជាក្នុង 		<u>-</u>	
11. 12. 13.	Inland Marine Homeowners Commercial Multi-Peril	JAN 0 1 2007	· · · · · · · · · · · · · · · · · · ·		
14. 15. 16.	Crop Hail Workers Compensation Other	Commondad, acayons —	82,370	<u></u>	0.6%
10.	Line of Ins	urance			
Does	filing only apply to certain to	erritory (territories) or certain classes?	If so, specify	No.	
		follows rates of an advisory organization or NCCI approval circular IL - 20		ember 7, 2006). The	e filing also reduces
the c		tiplier from 1.280 to 1.237. The			
UI +Z	U.U 70.		· · · · -		

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Casualty Insurance Company of America

Name of Company

2nd Vice President

Official - Title

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IDFPH (NIPC)

DIVISION OF INSURANCE SPRINGFIELD

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hange in Company's premium or rate level produced by rate rev	ision effective	January 1, 2007
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire		
D. Extended Coverage D. Inland Marine D. Homeowners D. Commercial Multi-Peril D. Crop Hail D. Workers Compensation	71,963,386	-1.0%
S. Other Line of Insurance Does filing only apply to certain territory (territories) or certain class	ses? If so, specify No.	
ief description of filing (if filing follows rates of an advisory organdopt revised loss costs per NCCI approval circular I se company loss cost multiplier from 1.920 to 1.856. f+20.0%. * Adjusted to reflect all prior rate changes * Changes in Company's premium level which will result from	L - 2006 -11 (dated November 7, 20 The filing maintains the current ap	
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FORM RF-3

ange in (Company's premium or rate level produced by rate revis	ion effective	January 1, 2007
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	•		· · · · · · · · · · · · · · · · · · ·
	emobile Liability		
	Private Passenger		
	Commercial		
	mobile Physical Damage		
	Private Passenger Commercial		-
	ility Other Than Auto		
Glas	plary and Theft		
	STOCK OF BUILDING		
Fide Sure	- · · · · · · · · · · · · · · · · · · ·		
	and Mashines.		
Fire	JAN C 1 2007		
	nded Coverage		
	nd Marine	···	
	neowners CETTING HELD, ILLINOIS		
	mercial Multi-Peril		
	and day water on		
	h Hail		
Crop	o Hail kers Compensation	3 656 609	0.0%
Crop Wor	kers Compensation	3,656,609	0.0%
Crop Worl Othe	kers Compensation er Line of Insurance		0.0%
Crop Work Other s filing of descrip	kers Compensation	es? If so, specify No.	
Crop Work Other s filing of f descrip opt rev comp	kers Compensation Tine of Insurance only apply to certain territory (territories) or certain class otion of filing (if filing follows rates of an advisory organicised loss costs per NCCI approval circular IL	es? If so, specify No. zation, specify organization) - 2006 -11 (dated November 7, 20) application of new rates.	006). The filing also reduces Company of Connecticut

WC-IL-7

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revis	sion effective	January 1, 2007
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	 	
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Surety Boiler and Machinery		
9.	Fire !		
10.	Extended Coverage: 3 1 2007		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial-Multi-Reril Crop Hail		
14 .	Crop Hail		
15.	Workers Compensation	10,251,379	-0.5%
16.	Other		
	Line of Insurance		-
oes	filing only apply to certain territory (territories) or certain class	ses? If so, specify No.	
	description of filing (if filing follows rates of an advisory organ		
	pt revised loss costs per NCCI approval circular II	2006 -11 (dated November 7, 20	006). The filing also reduces
ne (company loss cost multiplier from 1.600 to 1.546.		
*	Adjusted to reflect all prior rate changes		
**	Changes in Company's premium level which will result from	application of new rates	
		Travelors Indomnit	Company of America
		Name of Com	y Company of America
		Name or Com	pany
	RECEIMENT		
	RECEIVED		
		Buy Hoffins	
	NOV 2 1 2006	STORY THE	2nd Vice President
		Official - Tit	
	DIVISION OF INSURANCE	Omoral - The	••
	SPRINGFIELD		

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revision	effective	January 1, 2007
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3. 4. 5.	Liability Other Than Auto Burglary and Theft Glass	_	
6. 7.	Fidelity Surety		<u> </u>
8. 9. 10. 11.	Boiler and Machinery Fire Extended Coverage Inland Marine		
12. 13. 14.	Homeowners Commercial Multi-Peril Crop Hail	*	
15. 16.	Other The State of	50,462,061	
Does	Line of Insurance filing only apply to certain territory (territories) or certain classes	? If so, specify	No.
Ado	description of filing (if filing follows rates of an advisory organizat pt revised loss costs per NCCI approval circular IL -	2006 -11 (dated Novemi	
	company loss cost multiplier from 1.440 to 1.392. Th 0.0%.	ne filing maintains the cu	rrent approved company deviation
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from ap	oplication of new rates.	



Name of Company

Travelers Property Casualty Company of America

Buin Haffran

2nd Vice President

Official - Title

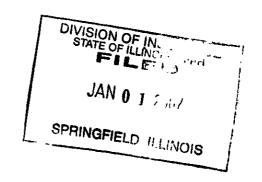
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Printing 08/95

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate leve	I produced by rate revision effective	January 1, 2007
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Page 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other Than Auto		
4. Burglary and Theft		
Eidolitu		
7. Surety		
B. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	·	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	952	0.0%
Line of Insurance		
Does filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
coordinate with the contract to the contract t	,,,,,,,, .	
Brief description of filing. (If filing follows r Costs and revising Company LCM's	rates of an advisory organization, specify	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	ch will result from application of new rates	
	Teinit	y Universal Ins. Co.
		Vame of Company
	·	
	Jon Zetlau- Burea	au/Forms Compliance Manager
		Official – Title



(RF-3)

SUMMARY SHEET

_	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -) **
. Au	tomobile Liability		
	vate Passenger		
Co	mmercial		
. Au	tomobile Physical Damage		
Pri	vate Passenger		
	mmercial		
Lia	bility other than Auto		
. Bu	rglary and Theft		
. Gla	iss		
. Fid	elity		
. Sur	ety		
. Bo	iler and Machinery		
. Fir	e & Allied Lines		
. Ext	ended Coverage		
. Inl	and Marine		
. Ho	mcowners		
. Co	mmercial Multi-Peril*		
. Cro	p Hall		
. Wo	rkers Compensation	93,617	-9.6%
Oth	ner		
D-	es filing only apply to certain territo	es cierconores con centalli	
cla Bri	ef description of filing. (If filing fo	o.	;,
cla Bri	sses? If so, specify: N	0.	ircular IL 71,05-99, approved
Bri	ef description of filing. (If filing fo anization, specify organization):	o.	ircular IL 195-99, approved
Bri org	ef description of filing. (If filing fo anization, specify organization):	obliows rates of an advisory We are adopting NCCI Loss Costs from company-specific Loss Cost Multiples.	ircular IL 195-99, approved

Official - Title

Zach Drennen

Commercial Pricing Analyst

SUMMARY SHEET

	Change in Company's premium or rate	e level produced by rate revision effective	1/1/2006
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
<i>5</i> .	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	· · · · · · · · · · · · · · · · · · ·	
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Work Comp	3,577,059	11.94
	Line of Insurance		
		rritories) or certain classes? If so, specify:	
NO			
			
		rates of an advisory organization, specify o	rganization):
Add	opt NCCI Rates, Effective 1/1/07		
	Adjusted to reflect all prior rate changes Change in Company's premium level wh	ich willSTATE OF ILLINOIS/IDEPR	
r	esult from application of new rates.	FILED	
		JAN 0 1 2007	
		V.41:-	or Incurance Commence
		SPRINGFIELD, ILLINOIS	er Insurance Company Name of Company

Tina Kampwerth
Senior Compliance Coordinator
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

RECEIVED

Cha	ange in Company's premium or rate lev	el produced by rate revision eπective	01/01/2007
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. 2.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial		
3. 4.	Liability Other Than Auto Burglary and Theft		
5. 6. 7.	Glass Fidelity Surety		
	Boiler and Machinery Fire Extended Coverage		
12. 13.	Inland Marine Homeowners Commercial Multi-Peril		
	Crop Hail Other Workers' Compensation Line of Insurance	3,220,241	1.3%
	es filing only apply to certain territory (to lies to all territories and classes.	erritories) or certain classes? If so, specify:	
	ef description of filing. (If filing follows raption of the 1/1/07 loss costs published by NCCI	ates of an advisory organization, specify organ (NCCI Circular # IL - 06 - 11)	nization):
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	ich will result from application of new rates.	
		Vigilant Insurance Company Na	me of Company
		Actuarial Officer	Auf tub



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY, SHEET

Change in Company's premium or rate level produced by rate revision effective

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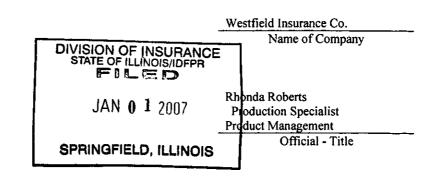
「DFPR(MPC) Jan**DB**MSNORのFINSURANCE SPRINGFIELD

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
		· · · · · · · · · · · · · · · · · · ·
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	70.070.407	+ 2.0
15. Other Workers' Compensation	70,676,167	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whi	ch will result from application of new	rates.
Shango iii sempani, s premiam seremin		
	Vir	ginia Surety Company, Inc.
		Name of Company
		AVP
		Official – Title
	JAN 0 1 2007 SPRINGFIELD, ILLINOIS	DIVISION DIVISION DIVISION DI 1
_		SPRINGFIELD, ILLLIUM

SUMMARY SHEET

(Change in Company's premium or rate	level produced by rate revision effective	January 1, 2007
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage		
۷.	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$18,463,270	+0.0%
	Line of Insurance		
	The section of the se	-i4i>i10	
N/A	ling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
IN/A			
	· · · · · · · · · · · · · · · · · · ·		
Rrief d	escription of filing (If filing follows:	rates of an advisory organization, specify	organization):
	all premium level change +0.0%	rates of all advisory organization, specify	organizacion).
	field Insurance Company #228-24112		

- Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.



H29219D

SUMMARY SHEET

	Change in	Company's premium or rate	level produced by rate revision effective	January 1, 2007
		(1)	(2) Annual Premium	(3) Percent
		<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		obile Liability		
		e Passenger nercial		
2.		obile Physical Damage		
		e Passenger		
		nercial		
3.	Liabilit	y Other Than Auto		
4.	Burglaı	ry and Theft		
5.	Glass			
6.	Fidelity	<i>!</i>		
7.	Surety			
8.		and Machinery		
9.	Fire			
10.		ed Coverage		
11.	Inland			
12.	Homeo			
13.		ercial Multi-Peril		
14.	Crop H			
15.	Other	Workers' Compensation	\$2,103,823	+2.5%
		Line of Insurance		
Does	filing only	annly to certain territory (te	rritories) or certain classes? If so, specify:	
N/A		apply to certain territory (ter	intories) of cerum classes: 11 so, specify.	
	-			
Brief	description	n of filing. (If filing follows	rates of an advisory organization, specify of	organization):
			previously filed deviation of 1.25 from the	
		onal Insurance Company #2		
		······································		

* Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

	Westfield National Insurance Co.
DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	Name of Company
JAN 0 1 2007	Rhonda Roberts Froduction Specialist Froduct Management
SPRINGFIELD, ILLINOIS	Official - Title

H29219D

ILLINOIS SUMMARY SHEET FORM RF-3

Change in company's premium or rate level produced by rate revision effective_		2/1/2007	
(1)	(2) Annual Premium	(3) Percent	
Coverage	Volume (Illinois)*	Change (+ or -)**	
Automobile Liability Private Passenger Commercial			
Automobile Physical Damage Private Passenger Commercial			
3. Liability Other than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity 7. Sure DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR			
 8. Boiler and Machinery FEB 0 1 7007 9. Fire 10. Extended Coverage SPHINGFIELD, ILLINOIS 11. Inland Marine 			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Workers' Compensation	12,452,990	1.7%	
16. Other Line of Insurance			
Does filing only apply to certain territory (territ	tories) or certain classes? If so, s	pecify No	
Brief description of filing (if filing follows rates for rates to be effective 2/1/07	of an advisory organization, spec	cify organization)	

Zenith Insurance Company
Name of Company

Jason Clarke, Vice President & Actuary
Official - Title

^{*} Adjusted to reflect all prior rate changes.
** Change in company's premium level which will result from application of new rates.